

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/525002** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			2			
3			1			
4			2			
5			1			
6			2			
7			2			
8			1			
9			2			
10			1			
11			2			
12			1			
13			2			
14			1			
15			2			
16			1			
17			2			
18			1			
19			2			
20			1			
21			2			
22			1			
23			2			
24			1			
25			2			
26			1			
27			2			
28			1			
29			2			
30			1			
31			2			
32			1			
33			2			
34			1			
35			2			
36			1			
37			2			
38			1			
39			2			
40			1			
41			2			
42			1			
43			2			
44			1			
45			2			
46			1			
47			2			
48			1			
49			2			
50			1			
TOTAL IND.		2	2			
TOTAL DEP.		3	3			
TOTAL CLAIMS		5	5			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.		2	2			
TOTAL DEP.		3	3			
TOTAL CLAIMS		5	5			